

**ARKANSAS INSURANCE DEPARTMENT****2004 FORM AID AC FPRF**

ACCOUNTING DIVISION  
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ACCOUNTING DIVISION  
DUE MARCH 1, 2005

\_\_\_ ORIGINAL FILING

\_\_\_ AMENDED FILING

\_\_\_ REFUND DUE

**ANNUAL REPORT OF PREMIUMS AND TAXES OF AUTHORIZED AND FORMERLY AUTHORIZED  
PROPERTY & CASUALTY INSURERS FOR THE FIRE PROTECTION PREMIUM TAX FUND**

STATE OF DOMICILE		NAIC COMPANY CODE (5 digit code)	
COMPANY NAME			
MAILING ADDRESS			
CONTACT PERSON			
TELEPHONE NUMBER		EXT	FAX NUMBER
EMAIL ADDRESS			

**ONLY FIRST PARTY PROPERTY PORTIONS** of premiums written for Arkansas coverages on real and personal property are to be reported for Lines 1, 2.1, 2.2, 3, 4, 5.1, 8, 9, 12, 21.1, 21.2, 22, 26, 27 and 33 of the 2004 Arkansas State Page.

**ARKANSAS TAX**

- |  |           |
|--|-----------|
| 1. Net Direct Written Premiums, as described above, including policy, membership, and other fees and all other considerations for insurance. | \$ _____  |
| 2. Less Dividends paid/credited to Policyholders on direct business.   | \$(_____) |
| 3. Net Taxable Premiums  | \$ _____  |
| 4. Tax Thereon at 1/2 of 1 % *FIGURE CANNOT BE LESS THAN ZERO<br>(Enter this Figure on Form AID AC PC-T Line H (23) Column 1)                | \$ _____  |
| 5. Less 2004 Quarterly Prepayments from below  | \$(_____) |
| 6. Net Payment For Calendar Year 2004  | \$ _____  |

**2004 Quarterly FPRF-Q Prepayments**

3/31/04	check #	\$
6/30/04	check #	\$
9/30/04	check #	\$

\*\*\*\*\*PAYMENTS AND REFUNDS\*\*\*\*\*

1. **MAKE CHECK PAYABLE TO THE FIRE PROTECTION PREMIUM TAX FUND AND ATTACH TO THIS FORM.**  
CHECKS FOR GROUPS ARE NOT ACCEPTABLE. PAYMENT MUST BE MADE FOR EACH INDIVIDUAL COMPANY.
2. DO NOT TAKE ANY CREDITS FOR PRIOR YEAR OVERPAYMENTS.
3. REFUNDS WILL BE SENT AFTER THE RETURN IS AUDITED.

# AFFIDAVIT

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

COMES \_\_\_\_\_ AND STATES ON OATH THAT

HE/SHE IS THE \_\_\_\_\_ OF \_\_\_\_\_  
(TITLE) (NAME OF COMPANY)

AND THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT AS SHOWN BY THE RECORDS OF SAID COMPANY.

(Original Signature of Officer)

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC, ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

NOTARY PUBLIC

MY COMMISSION EXPIRES \_\_\_\_\_